|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          | OIP       | EWAR   |                            |    |          |                      |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-----------|--------|----------------------------|----|----------|----------------------|--|
| Form                                                                      | PTO-1083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                          |           | 2 2006 | Patent                     |    |          | LOX                  |  |
| In RE application of                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | H. V        | H. WATANABE et al        |           |        | Case Docket No.: ASA-901-0 |    |          | -02                  |  |
| Serial No.:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10/6        | 10/673,609               |           |        | Group Art Unit: 2163       |    |          |                      |  |
| Filed:                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sep         | September 30, 2003       |           |        | Examiner:                  |    | L. Black | _                    |  |
| For:                                                                      | A METHOD OF AND A SYSTEM FOR RECOVERING DATA IN AN INFORMATION PROCESSING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                          |           |        |                            |    |          |                      |  |
| Assistant Comissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |           |        |                            |    |          |                      |  |
| Sir:                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |           |        |                            |    |          |                      |  |
| Transmitted herewith is an Amendment in the above-identified application. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.                                                                                                                                                                                                                                                                                                                                                                                                     |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | No additional fee is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                          |           |        |                            |    |          |                      |  |
| The fee has been calculated as shown below:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |           |        |                            |    |          |                      |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | (Col. 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | (Col. 2)                 | (Col. 3)  | SMAL   | L ENTITY                   |    |          | R THAN A<br>L ENTITY |  |
|                                                                           | Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Highest No.              | Present   | Rate   | Additional                 | OR | Rate     | Addditional          |  |
|                                                                           | Remaining After Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Previously<br>Paid For   | Extra     |        | Fee                        |    |          | Fee                  |  |
| Total                                                                     | * 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus       | ** 20                    | = 0       | X 25   | \$                         |    | X 50     | \$                   |  |
| Indep.                                                                    | ** 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus       | *** 4                    | = 1       | X 100  | \$                         |    | X 200    | \$ 200               |  |
| Fire                                                                      | st presentation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Multiple De | ependent Claims          |           | X 180  | \$                         |    | X 360    | \$                   |  |
| 1                                                                         | 1511                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                          |           | Total  | \$                         | OR | Total    | \$200                |  |
| ***                                                                       | <ul> <li>If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.</li> <li>The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.</li> </ul> |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | Please charge my Deposit Account No. 50-1417 in the amount of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                          |           |        |                            |    |          |                      |  |
| $\boxtimes$                                                               | A Credit Card Payment Form in the amount of \$990.00 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.                                                                                                                                                                                                                                                                                                                                                       |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | Any filing fees under 37 CFR 1.16 for the presentation of extra claims.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | Any patent application processing fees under 37 CFR 1.17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                          |           |        |                            |    |          |                      |  |
|                                                                           | Any Extension of Time fees that are necessary, which are hereby requested if necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                          |           |        |                            |    |          |                      |  |
| ľ                                                                         | Alexand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | d, Suite 370<br>ia 22312 | .C.<br>By | r:     | VI 1                       | 2  | N        | 7                    |  |

Tel: (703) 684-1120 Fax: (703) 684-1157

Colin D. Barnitz, Reg. No. 35,061 Attorney for Applicant(s)

Date: December 8, 2006



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ol. No. : 10/673,609

Confirmation No.: 2559

Inventor

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H. WATANABE et al.

Filed

September 30, 2003

Title

e :

A METHOD OF AND A SYSTEM FOR RECOVERING DATA IN

AN INFORMATION PROCESSING SYSTEM

Art Unit

2163

Examiner

L. Black

Docket No. :

ASA-901-02

Customer No.:

24956

## <u>AMENDMENT</u>

MAIL STOP: RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed September 8, 2006, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 16 of this paper.

A Request for Continued Examination and the required fee accompany this paper.